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**Rules of**  
**Department of Insurance**  
**Division 700—Licensing**  
**Chapter 3—Education Requirements**

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**Title 20—DEPARTMENT OF  
INSURANCE**

**Division 700—Licensing  
Chapter 3—Education Requirements**

**20 CSR 700-3.100 Prelicensing Education**

*PURPOSE: This rule is intended to outline the requirements for prelicensing education of insurance agents and insurance brokers set forth in section 375.018.1, RSMo.*

(1) Before an individual may be licensed as an insurance agent or insurance broker for any of the classes of insurance set forth in 20 CSR 700-1.010, s/he first must fulfill the educational requirements set forth in section 375.018.1, RSMo. An applicant for an insurance agent or insurance broker license must furnish a certificate of completion of the required courses of study, issued by an authorized educational organization, along with the application for licensure.

(2) Authorized Educational Organizations.

(A) Section 375.018.1, RSMo requires the director to grant authority to public and private educational organizations, technical colleges, trade schools, insurance companies, insurance trade organizations or other organizations if these various entities provide satisfactory evidence that their courses of study are in substantial compliance with the requirements established by the director. The requirements for course content for the various classes of insurance are set out in Appendices A, B, C and D.

(B) Each course instructor and each course must be approved by the director. Approval will be for a period of no more than one (1) year. Application forms for this approval are contained in Appendix E. Applicants holding courses intended to be offered for a longer period must reapply for approval by returning a renewal form generated by the department accompanied by a filing fee of fifty dollars (\$50). Courses approved by the director prior to August 28, 1993, for which continuous certification is sought should be resubmitted for approval sixty (60) days before the anniversary date of the director's previous approval. In order for the director to review applications for approval, the following must be submitted:

1. The Instructor's Application (Form E-1, Appendix E), including resume and documentation of qualifications;

2. The Provider's Application (Form E-2, Appendix E), including a completed schedule of dates and times. A filing fee of fifty dollars (\$50) for each course for which approval is sought must accompany the

provider's application. No filing fee is required if the applicant for course approval is a not-for-profit agents' group or association which provides no compensation to the course instructor. Upon approval of the course, an approved copy of the application will be returned to the provider indicating the course number assigned by the Department of Insurance; and

3. A course outline prepared by the instructor which shows the topics to be taught and the time that will be devoted to each topic. Time devoted to each topic will need to be consistent with the weighting indicated on the enclosed outline. The department encourages the instructor to cover the licensing statutes and rules as the applicant will be tested on Missouri insurance practices, rules and general insurance principles in addition to the hours required for each line of insurance.

(C) The Class Roster (Form E-3, Appendix E) is to be completed by the provider at the end of each course and sent to the Missouri Department of Insurance.

(D) The Certificate of Completion (Form E-4, Appendix E) is to be completed by the course instructor and presented to the student.

(E) The Evaluation Forms (E-5A and E-5B, Appendix E) are to be completed by each student in the course. Part E-5A should be maintained by the provider for at least one (1) year. Part E-5B should be forwarded by the student to the Missouri Department of Insurance.

(F) The Missouri Department of Insurance may audit the approved courses at any time.

(G) Classes must be held within the confines of Missouri or within the Illinois counties of Madison, St. Clair or Monroe or the Kansas counties of Wyandotte or Johnson.

(H) All prelicensing education courses shall consist solely of classroom study.

(3) Applicants who possess the designation Chartered Property and Casualty Underwriter or Chartered Life Underwriter will be deemed to have met the prelicensing educational requirements for the lines of insurance covered by these designations.

*AUTHORITY: sections 374.045, RSMo Supp. 1998 and 375.018, RSMo 1994.\* This rule was previously filed as 4 CSR 190-12.100. Original rule filed Jan. 17, 1986, effective June 28, 1986. Amended: Filed July 5, 1988, effective Nov. 1, 1988. Amended: Filed April 23, 1991, effective Oct. 31, 1991. Amended: Filed April 29, 1994, effective Nov. 30, 1994. Amended: Filed April 23, 1999, effective Nov. 30, 1999.*

*\*Original authority: 374.045, RSMo 1967, amended 1993, 1995; and 375.018, RSMo 1965, amended 1967, 1981, 1984, 1985, 1990, 1991, 1992, 1993.*



**Appendix A  
Outline**

**Missouri Pre-Licensing Education for Life Insurance**

- 3.0 Traditional Life Insurance 23% Policy Types
  - 3.1 Term
    - 3.1.1 Types
    - 3.1.2 Characteristics
    - 3.1.3 Advantages and disadvantages
  - 3.2 Whole life
    - 3.2.1 Level premium concept
    - 3.2.2 Types
    - 3.2.3 Characteristics
    - 3.2.4 Advantages and disadvantages
  - 3.3 Endowment
    - 3.3.1 Types
    - 3.3.2 Characteristics
    - 3.3.3 Advantages and disadvantages
- 4.0 Annuities 10%
  - 4.1 Nature
  - 4.2 Various classifications and descriptions of individual annuity contracts
  - 4.3 Variable annuities
  - 4.4 Tax-sheltered annuities
- 5.0 Specific Policies and Forms 7%
  - 5.1 Traditional specialized policies or forms (Note: Some of these might be a combination of two or more common types of policies rather than a separate specific policy. The coverage and result are the same in either case.)
    - 5.1.1 Family income
    - 5.1.2 Family maintenance
    - 5.1.3 Family protection
    - 5.1.4 Multiple protection
    - 5.1.5 Joint life
    - 5.1.6 Reversionary
    - 5.1.7 Survivorship
    - 5.1.8 Juvenile
    - 5.1.9 Minimum deposit
    - 5.1.10 Modified life
    - 5.1.11 Graded premium
    - 5.1.12 Split life
  - 5.2 Newer policy innovations
    - 5.2.1 Adjustable life
    - 5.2.2 Variable life
    - 5.2.3 Universal life
    - 5.2.4 Mortgage redemption
- 6.0 General Policy Provisions 17%
  - 6.1 Standard life policy provisions
    - 6.1.1 Suicide (as unique to Missouri)
    - 6.1.2 Incontestability
    - 6.1.3 Grace period
  - 6.2 Provisions prohibited by law
  - 6.3 Ownership
  - 6.4 Beneficiaries
    - 6.4.1 Options
    - 6.4.2 Importance of naming the beneficiary
    - 6.4.3 Minors as beneficiaries
    - 6.4.4 Problems with trusts
  - 6.5 Miscellaneous provisions
    - 6.5.1 Common disaster clause
    - 6.5.2 Spendthrift clause
- 7.0 Policy Options 16%
  - 7.1 Settlement
  - 7.2 Guaranteed values (nonforfeiture provisions)
    - 7.2.1 Cash surrender value
    - 7.2.2 Extended term
    - 7.2.3 Paid-up life
  - 7.3 Loan provisions (including automatic premium loan)
  - 7.4 Dividends
- 8.0 Policy Riders 10%
  - 8.1 Accidental death
  - 8.2 Waiver of premium
  - 8.3 Payer waiver of premium
  - 8.4 Waiver of premium with disability income
  - 8.5 Guaranteed insurability
  - 8.6 Return of premium
  - 8.7 Return of cash value
- 9.0 Marketing Life Insurance 10%
  - 9.1 Considerations in selecting various policies, annuities and riders
    - 9.1.1 Tax
    - 9.1.2 Nontax
  - 9.2 Consideration in selecting various options
    - 9.2.1 Tax
    - 9.2.2 Nontax
  - 9.3 Provisions specific to group, credit and industrial life
  - 9.4 Divisions of policies according to markets
    - 9.4.1 Individual life
    - 9.4.2 Group life
    - 9.4.3 Credit life (and disability)
    - 9.4.4 Industrial life
  - 9.5 Uses of life insurance
    - 9.5.1 Business
    - 9.5.2 Personal
  - 9.6 Uses of annuities
    - 9.6.1 Business
    - 9.6.2 Personal
  - 9.7 Estate planning
  - 9.8 Determining amounts of insurance necessary
    - 9.8.1 Human life value approach
    - 9.8.2 Needs approach
    - 9.8.3 Social Security
  - 9.9 Specialized markets and plans and their tax benefits
    - 9.9.1 Keogh
    - 9.9.2 IRAs
    - 9.9.3 Others
  - 9.10 Agents' responsibilities
    - 9.10.1 Application
    - 9.10.2 Premium
    - 9.10.3 Binding receipt
    - 9.10.4 Policy delivery
  - 9.11 Missouri marketing regulations
    - 9.11.1 Replacement, twisting and rebate
    - 9.11.2 Deceptive practices or misrepresentation
    - 9.11.3 Sales to college students
    - 9.11.4 Solicitation on military bases
    - 9.11.5 Unfair practices and fraud
- 10.0 Underwriting Life Insurance 7%
  - 10.1 Sources of information
  - 10.2 Selection criteria
    - 10.2.1 Individual
    - 10.2.2 Group
  - 10.3 Premium determination
    - 10.3.1 Standard risks
    - 10.3.2 Substandard (high exposure) risks
    - 10.3.3 Preferred risks (for example, nonsmokers)
  - 10.4 Agents' responsibilities in underwriting
  - 10.5 Underwriting annuities v. underwriting life insurance
  - 10.6 Unisex decisions and legislation

**Appendix B  
Outline**

**Missouri Pre-Licensing Education for Accident and Health Insurance**

- 3.0 Background of Health Insurance 4%
  - 3.1 History and growth
  - 3.2 Human life value—health insurance
  - 3.3 Economic value of health insurance
  - 3.4 Government programs
  - 3.5 Definition of trust
- 4.0 Policy Provisions 24%
  - 4.1 Types of loss and benefits
    - 4.1.1 Loss of income/disability
    - 4.1.2 Medical expenses
      - 4.1.3 Accidental death/dismemberment
      - 4.1.4 Dental insurance
      - 4.1.5 Limited health insurance contracts—including credit, hospital income
  - 4.2 Types of contract provisions
    - 4.2.1 Insuring clause
    - 4.2.2 Renewal provisions
    - 4.2.3 Free look
    - 4.2.4 Waiver of premium
    - 4.2.5 Uniform mandatory provision
    - 4.2.6 Uniform optional provisions
    - 4.2.7 Missouri contract provisions (mental/nervous/drug/alcohol)
    - 4.2.8 Miscellaneous provisions
    - 4.2.9 Preexisting conditions
  - 4.3 Approaches to marketing
    - 4.3.1 Individual
    - 4.3.2 Group—including provisions
    - 4.3.3 Franchise
  - 4.4 Types of insurers
    - 4.4.1 Commercial insurers
    - 4.4.2 Blue Cross-Blue Shield
    - 4.4.3 Health maintenance organizations
    - 4.4.4 Other providers of benefits or services (preferred provider, partial self-funding, self-funding)
- 5.0 Disability Income Insurance 15%
  - 5.1 Perils (including maternity)
  - 5.2 Occupational/Nonoccupational coverage
  - 5.3 Period for which benefits payable
    - 5.3.1 Short-term disability
    - 5.3.2 Long-term disability
    - 5.3.3 Lump sum benefits
  - 5.4 Definitions
    - 5.4.1 Disability
      - 5.4.1.1 Total
      - 5.4.1.2 Permanent
      - 5.4.1.3 Partial
      - 5.4.1.4 Temporary
    - 5.4.2 Injury
    - 5.4.3 Sickness
  - 5.5 Waiting periods
  - 5.6 Exclusions
  - 5.7 Continuance provisions
  - 5.8 Group contract provisions
  - 5.9 Special uses of disability income
  - 5.10 Limitations on amount of benefit
- 6.0 Medical Expense Insurance 17%
  - 6.1 Basis of payment
    - 6.1.1 Identification/reimbursement valued
    - 6.1.2 Cash payment policies
    - 6.1.3 Service benefits
  - 6.2 Hospitalization
  - 6.3 Surgical expense
  - 6.4 Regular medical expense
  - 6.5 Major medical insurance
  - 6.6 Comprehensive major medical
  - 6.7 Medicare supplement coverage
  - 6.8 Individual policy provisions
  - 6.9 Group policy provisions
- 7.0 Underwriting Health Insurance 17%
  - 7.1 Concepts—including rate-making and reserves
  - 7.2 Groups
  - 7.3 The application-legal role, agents' responsibilities
  - 7.4 Underwriting action
  - 7.5 Process—Agents' role as field underwriter—importance
- 8.0 Claims 10%
  - 8.1 Notice
  - 8.2 Proof of loss
  - 8.3 Investigation/verification
  - 8.4 Coordination of benefits
  - 8.5 Payment
  - 8.6 The blues (providers associations)
  - 8.7 Settlement procedures
  - 8.8 Taxation of benefits
  - 8.9 Third-party administrator
- 9.0 Marketing Health Insurance 13%
  - 9.1 Health insurance and financial planning
  - 9.2 Programming of disability income
    - 9.2.1 Social Security
      - 9.2.1.1 Eligibility for disability
      - 9.2.1.2 Calculation of benefits
    - 9.2.2 Workers' Compensation
    - 9.2.3 Other disability income sources
  - 9.3 Considerations in replacing existing health insurance
    - 9.3.1 Preexisting conditions
    - 9.3.2 Waiting periods
    - 9.3.3 No loss-no gain
    - 9.3.4 Exclusions and limitations
    - 9.3.5 Underwriting requirements
    - 9.3.6 Exposure to errors and omissions
    - 9.3.7 Transfer of benefits



**Appendix C  
Outline**

**Missouri Pre-Licensing Education for Fire and Allied Lines Insurance**

- 3.0 Property Insurance Basics 36%
    - 3.1 Property insurance principles
      - 3.1.1 Hazards
      - 3.1.2 Perils
      - 3.1.3\* Specified (named) perils vs. all risks (special)
      - 3.1.4 Blanket vs. specific insurance
      - 3.1.5\* Reporting forms (including full reporting provision; honesty clause)
    - 3.2 Policy structure
      - 3.2.1 Forms
      - 3.2.2 Endorsements (general nature of)
      - 3.2.3 Declarations
      - 3.2.4 Insuring agreement
      - 3.2.5 Conditions
      - 3.2.6 Exclusions
    - 3.3 Provisions commonly found in property insurance policies
      - 3.3.1 Deductibles
      - 3.3.2 Coinsurance
        - 3.3.2.1 Agreed amount approach
      - 3.3.3\* Other insurance clause
        - 3.3.3.1 Nonconcurrency
        - 3.3.3.2 Primary & excess
        - 3.3.3.3 *Pro rata*
      - 3.3.4 Named insured, insured
      - 3.3.5 Limits of liability (including sublimits)
      - 3.3.6 Duties of insured
      - 3.3.7 Duties of insurer
      - 3.3.8\* Cancellation and nonrenewal
      - 3.3.9 Assignment
      - 3.3.10 Subrogation (vs. subro-waiver agreements)
      - 3.3.11 Policy period
      - 3.3.12 Policy territory
      - 3.3.13 Standard mortgage clause
  - 3.4 Valuation
    - 3.4.1 Actual cash value
    - 3.4.2 Replacement cost
    - 3.4.3 Market value
- 4.0 Insurance Types and Coverages 64%
  - 4.1 Standard fire policy
  - 4.2 Dwelling policy
  - 4.3 Homeowners' policies (including mobile homes) (Section I) including HO-1 to HO-8
  - 4.4\* Commercial fire forms
  - 4.5\* Time element coverages
  - 4.6\* Builders' risk forms
  - 4.7\* Sprinkler leakage
  - 4.8\* Earthquake insurance
  - 4.9 Difference in conditions
  - 4.10 Inland marine coverages
    - 4.10.1 Personal
    - 4.10.2 Commercial (including EDP floater)
    - 4.10.3 Farm (incl. livestock floater)
    - 4.10.4 Boat
  - 4.11 Ocean marine basics
  - 4.12\* Special multi-peril and commercial packages (property sections)
  - 4.13 Businessowners (property sections)
  - 4.14 Farmowners-Ranchowners (property sections)
  - 4.15\* Condominium insurance on association property
  - 4.16 National Flood Insurance Program (personal and commercial)
  - 4.17 FAIR plans
  - 4.18 Crop-Hail
  - 4.19 Excess and surplus lines
  - 4.20 Nuclear property insurance

\*Subject to change with ISO's January 1986 introduction of simplified forms. Items without asterisk may also be affected; asterisk identifies anticipated substantial change.

**Appendix D  
Outline**

**Missouri Pre-Licensing Education for General Casualty Insurance**

- 3.0 Casualty Insurance 19%
  - 3.1\* Policy structure
    - 3.1.1 Forms (intent: deal with names of the pieces of paper forming the contract.)
    - 3.1.2 Endorsements
    - 3.1.3 Declarations
    - 3.1.4 Insuring agreement
    - 3.1.5 Conditions
    - 3.1.6 Exclusions
  - 3.2 Provisions commonly found in casualty insurance policies
    - 3.2.1\* Named insured, insured, additional insureds
    - 3.2.2 Limits of liability (including sublimits)
      - 3.2.2.1 Per person
      - 3.2.2.2 Per occurrence
      - 3.2.2.3 Aggregate
    - 3.2.3 Duties of insured
    - 3.2.4 Duties of insurer
    - 3.2.5 Cancellation and nonrenewal
    - 3.2.6 Assignment
    - 3.2.7 Subrogation
    - 3.2.8 Policy period
    - 3.2.9 Policy territory
- 4.0 Legal Liability and General 27% Liability Insurance
  - 4.1 Liability basics
    - 4.1.1 Negligence and legal liability
    - 4.1.2 Comparative negligence
    - 4.1.3 Occurrence
    - 4.1.4\* Claims made vs. occurrence
  - 4.2 Liability policies and coverages
    - 4.2.1 Homeowners' policy (including mobile homes) Section II
      - 4.2.2\* Comprehensive general liability
      - 4.2.3\* Other general liability forms & endorsements (incl. broad form and contractual)
      - 4.2.4 Environmental impairment liability
      - 4.2.5 Professional liability
      - 4.2.6 Umbrella policy
        - 4.2.6.1 Personal
        - 4.2.6.2 Commercial
      - 4.2.7 Directors' and officers' liability
      - 4.2.8 Employee benefit program/fiduciary
      - 4.2.9\* SMP liability coverages
      - 4.2.10 Business owners' policy coverages
      - 4.2.11 Condominium insurance on association-liability coverages
      - 4.2.12 Farm liability coverages
        - 4.2.12.1 Livestock transit insurance
- 5.0 Workers' Compensation 9%
  - 5.1 Missouri Workers' Compensation law
  - 5.2 Workers' Compensation policy
    - 5.2.1 Employers' liability coverage
    - 5.2.2 Other states' coverage
- 6.0 Auto 27%
  - 6.1 Legal liability and the automobile
    - 6.1.1 Basic no-fault concepts
  - 6.2 Missouri highlights
    - 6.2.1 Financial responsibility laws
    - 6.2.2 Uninsured motorists' laws
    - 6.2.3 Missouri Joint Underwriting Association
  - 6.3 Personal auto insurance
    - 6.3.1 Personal auto policy
    - 6.3.2 Family automobile policy
    - 6.3.3 Special automobile policy
    - 6.3.4 Basic automobile policy
    - 6.3.5 Named nonowner policy
  - 6.4 Commercial Auto Insurance
    - 6.4.1 Liability of common carrier for passenger injuries
    - 6.4.2 Federal and states rules requiring insurance by commercial carriers
  - 6.5 Business auto policy
  - 6.6 Garage insurance
    - 6.6.1 Liability
    - 6.6.2 Dealers' physical damage
    - 6.6.3 Garagekeepers
  - 6.7 Truckers' forms
  - 6.8 Miscellaneous vehicles and coverages
    - 6.8.1 Recreational vehicles
    - 6.8.2 Campers
    - 6.8.3 Motorcycles
    - 6.8.4 Auto mechanical breakdown policy
- 7.0 Miscellaneous 18%
  - 7.1\* Crime coverages
  - 7.2\* Fidelity coverages
  - 7.3 Surety bonds
  - 7.4 Liquor liability
  - 7.5 Watercraft liability coverages
  - 7.6 Aviation insurance
  - 7.7 Credit insurance
  - 7.8 Mortgage guarantee insurance
  - 7.9 Title insurance
  - 7.10 Rain insurance
  - 7.11\* Plate glass insurance
  - 7.12 Nuclear liability insurance
  - 7.13 Government insurance and residual markets
    - 7.13.1 Auto residual markets & pools
    - 7.13.2 Excess and surplus lines

\*Subject to change with ISO's January 1986 introduction of simplified forms. Items without asterisk may also be affected; asterisk identifies areas where substantial change is anticipated.



Appendix E

Form E-1

Missouri Department of Insurance

P.O. Box 690

Jefferson City, MO 65102-0690

Pre-Licensing Education Instructor Application

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Current Position: \_\_\_\_\_

Educational Background:

High School \_\_\_\_\_ Dates \_\_\_\_\_

College \_\_\_\_\_ Dates \_\_\_\_\_

Professional Background—Training, schools/industry experience, or both:

1. \_\_\_\_\_ Dates \_\_\_\_\_

2. \_\_\_\_\_ Dates \_\_\_\_\_

3. \_\_\_\_\_ Dates \_\_\_\_\_

4. \_\_\_\_\_ Dates \_\_\_\_\_

Professional Designations: \_\_\_\_\_

Prior Teaching Experience: \_\_\_\_\_

1. \_\_\_\_\_ When \_\_\_\_\_

Objectives of course or subject taught: (Be specific.)

A.

B.

C.

D.

E.

2. \_\_\_\_\_ When \_\_\_\_\_

A.

B.

C.

D.

E.



List three (3) professional references: (Add additional pages if needed.)

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

List three (3) personal references:

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

Please attach a resume' which becomes a part of this application.

Included in my resume' is documentation that I—

- \_\_\_\_\_ Have a CLU, FLMI, CPCU, CIC, Master of Insurance Degree or other equivalent insurance education;
  - \_\_\_\_\_ Have a minimum of three years' insurance training experience; or
  - \_\_\_\_\_ Am an instructor of insurance courses at an educational institution accredited by North Central Association of Colleges and Schools.
- Other applicants will be considered on an individual basis.

I hereby authorize the Missouri Department of Insurance, through its representatives, to contact any or all of the above-mentioned references for the purpose of ascertaining my fitness to serve as an instructor of the precicensing, educational requirements contained in section 375.018, RSMo, and I also hereby authorize the above-mentioned references to release any information requested by the Department of Insurance in furtherance of this same objective.

I am applying to teach the following subject matter:

_____ Life	_____ Fire & Allied Lines
_____ Accident & Health	_____ General Casualty

I further understand that my submission of this application does not obligate the Missouri Department of Insurance to approve me as an instructor for the courses of study as required by section 375.018.1 and I will not instruct in courses required by section 375.018.1 until such time as I have been approved as an instructor for the subject matter required by section 375.018.1.

Date \_\_\_\_\_ Name \_\_\_\_\_  
 Signature \_\_\_\_\_



Form E-2
Request for Course Approval

Provider's Name \_\_\_\_\_ Provider's Address \_\_\_\_\_

Provider's Telephone Number \_\_\_\_\_

Please check below the appropriate class(es) of insurance being requested.

\_\_\_\_\_ LIFE (15 hour minimum)

Name of Instructor \_\_\_\_\_ Date and Time Course Will be Offered \_\_\_\_\_

Dates and Times Successive Courses Are Scheduled \_\_\_\_\_

Missouri Course Number to be Assigned by Department of Insurance \_\_\_\_\_

\_\_\_\_\_ ACCIDENT & HEALTH (15 hour minimum)

Name of Instructor \_\_\_\_\_ Date and Time Course Will be Offered \_\_\_\_\_

Dates and Times Successive Courses Are Scheduled \_\_\_\_\_

Missouri Course Number to be Assigned by Department of Insurance \_\_\_\_\_

\_\_\_\_\_ FIRE & ALLIED LINES (20 hour minimum)

Name of Instructor \_\_\_\_\_ Date and Time Course Will be Offered \_\_\_\_\_

Dates and Times Successive Courses Are Scheduled \_\_\_\_\_

Missouri Course Number to be Assigned by Department of Insurance \_\_\_\_\_

\_\_\_\_\_ GENERAL CASUALTY (20 hour minimum)

Name of Instructor \_\_\_\_\_ Date and Time Course Will be Offered \_\_\_\_\_

Dates and Times Successive Courses Are Scheduled \_\_\_\_\_

Missouri Course Number to be Assigned by Department of Insurance \_\_\_\_\_

If the above dates are unknown at the time of this application, the provider must notify the Missouri Department of Insurance 30 days prior to scheduled date.

Instructor's complete course outline indicating amount of time devoted to each topic must be enclosed.

Class Size \_\_\_\_\_

The minimum class size is five and the maximum class size is 30. Any exceptions to this required class size must be authorized by the Missouri Department of Insurance.

We agree that the length of educational instruction will be limited to eight hours in any day. A five minute break will be taken on an hourly basis and a full one hour lunch break will be given.

We agree that we will provide each student a "Licensing Information Bulletin" published by the testing service.

We hereby certify that this course meets all of the requirements of the Missouri Department of Insurance.

We agree that we will provide the Missouri Department of Insurance, within fifteen (15) days of completion of each course, the name, address and Social Security Number of the individuals who completed the course. (Form E-3 attached). A department-approved Certification of Completion will be issued to each individual completing the course. The Completion Certificate must be signed by the person certifying that the course has been completed.

We understand that failure to comply with these requirements will result in revocation of our authority.

(Authorized Signature)

(Title)

(Date)

**Form E-1A  
Oath**

I, \_\_\_\_\_, do solemnly swear, under the penalty of perjury, that the  
*(Name)*  
information I have supplied to the Missouri Department of Insurance regarding my background,  
experience and competency to act as an instructor of the section 375.018 pre-licensing  
educational requirements are complete, full, true and accurate representations of the same.

\_\_\_\_\_  
*(Signature)*

Subscribed and affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
*(Notary)*

**Schedule of Classes  
Type or Print**

Course Name and Identification No.: \_\_\_\_\_

Name of Approved School: \_\_\_\_\_

Name of School Official Submitting: \_\_\_\_\_

Classroom Location:

Street Address: \_\_\_\_\_

Building Name/Suite: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Starting Date \_\_\_\_\_ Completion Date \_\_\_\_\_

Day of Week and Date	From Hr./Min.	Class Hours Meal Break	To Hr./Min.
1 Monday	/	-	/
2 Tuesday	/	-	/
3 Wednesday	/	-	/
4 Thursday	/	-	/
5 Friday	/	-	/
6 Saturday	/	-	/
7 Sunday	/	-	/

*(Name of Instructor)*

*(Telephone No. (include area code))*

Schedule of Classes must be submitted 30 days in advance. A new schedule must be submitted if any changes are made. If this course is canceled, notify the department immediately.

Mail to: Missouri Department of Insurance  
Licensing Section  
P.O. Box 690  
Jefferson City, MO 65102  
573/751-3518 573/751-7221



**Form E-3  
Class Roster—Attendance Record**

Provider's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Course Name and Number \_\_\_\_\_ Course Dates \_\_\_\_\_

Location \_\_\_\_\_ Instructor \_\_\_\_\_

Sign In

Student Signature	Social Security No.	Time In	Sign Out	Time Out
1. _____ /				
2. _____ /				
3. _____ /				
4. _____ /				
5. _____ /				
6. _____ /				
7. _____ /				
8. _____ /				
9. _____ /				
10. _____ /				
11. _____ /				
12. _____ /				
13. _____ /				
14. _____ /				
15. _____ /				

Class roster must be completed for *each day* classes are held.



**Form E-4**  
**Certificate of Completion**  
This Certificate of Completion is to certify that

\_\_\_\_\_  
*(Student's Name)*

\_\_\_\_\_  
*(Birth Date)*

\_\_\_\_\_  
*(Social Security Number)*

has successfully completed the following Course(s) of Study

**LIFE COURSE**

**ACCIDENT & HEALTH COURSE**

\_\_\_\_\_  
*(Name of Course Instructor)*

\_\_\_\_\_  
*(Name of Course Instructor)*

\_\_\_\_\_  
*(Signature of Course Instructor)*

\_\_\_\_\_  
*(Signature of Course Instructor)*

\_\_\_\_\_  
*(Provider's Name)*

\_\_\_\_\_  
*(Provider's Name)*

\_\_\_\_\_  
*(Date Course Completed)*

\_\_\_\_\_  
*(Date Course Completed)*

\_\_\_\_\_  
*(Missouri Course Number)*

\_\_\_\_\_  
*(Missouri Course Number)*

**FIRE & ALLIED LINES COURSE**

**GENERAL CASUALTY COURSE**

\_\_\_\_\_  
*(Name of Course Instructor)*

\_\_\_\_\_  
*(Name of Course Instructor)*

\_\_\_\_\_  
*(Signature of Course Instructor)*

\_\_\_\_\_  
*(Signature of Course Instructor)*

\_\_\_\_\_  
*(Provider's Name)*

\_\_\_\_\_  
*(Provider's Name)*

\_\_\_\_\_  
*(Date Course Completed)*

\_\_\_\_\_  
*(Date Course Completed)*

\_\_\_\_\_  
*(Missouri Course Number)*

\_\_\_\_\_  
*(Missouri Course Number)*

I certify that I personally completed the above course(s).

\_\_\_\_\_  
*(Student Must Sign Here)*

\_\_\_\_\_  
*(Date)*

The original of this form must be submitted to the Missouri Department of Insurance with the application for licensure. This certificate is valid for one year after completion date.



**Form E-5A  
Part A**

**Evaluation Form For  
Instructions of Requirements  
Of Section 385.018, RSMo**

**I. FACILITIES AND LOGISTICS**

Please rate the following items on a scale of 1 to 10: Poor 1—3; Fair 4—6; Good 7—8; Excellent 9—10.

	<u>Numerical Rating</u>
A. Notebook Materials	_____
B. Audio/Visual Aids (if used)	_____
C. Meeting Facility (overall)	_____
1. Temperature	_____
2. Lighting	_____
3. Acoustical	_____
4. Seating	_____
5. Other	_____
D. Class Break Schedule	_____
E. Overall Quality of Instructor(s)	_____

**II. INSTRUCTIONS** (Please complete for each subject and each instructor.) Use rating scale 1 to 10 as above.

A. Subject _____	Instructor _____
Date _____	Time _____

	<u>Numerical Rating</u>
1. Knowledge of Subject Matter	_____
2. Presentation of Subject Matter	_____

B. Subject _____	Instructor _____
Date _____	Time _____

	<u>Numerical Rating</u>
1. Knowledge of Subject Matter	_____
2. Presentation of Subject Matter	_____



C. Subject \_\_\_\_\_

Instructor \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Numerical Rating

1. Knowledge of Subject Matter \_\_\_\_\_

2. Presentation of Subject Matter \_\_\_\_\_

D. Subject \_\_\_\_\_

Instructor \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Numerical Rating

1. Knowledge of Subject Matter \_\_\_\_\_

2. Presentation of Subject Matter \_\_\_\_\_

E. Subject \_\_\_\_\_

Instructor \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Numerical Rating

1. Knowledge of Subject Matter \_\_\_\_\_

2. Presentation of Subject Matter \_\_\_\_\_

III. The intent of the instructional requirement of section 375.018, RSMo is to promote more professionalism in the insurance industry in the state of Missouri. The space below is to provide your input into improving the instruction of the requirements. Please feel free to offer your suggestions and comments.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use back if needed.

This form will be filed at your school.



**Form E-5B**

**Part B**

This form is not to be turned in at your school—  
Take it home with you.

The Missouri Department of Insurance will be monitoring the schools that are to fulfill the educational requirements of section 375.018, RSMo.

School Attended \_\_\_\_\_

Date Attended \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Each item below deals with the quality of instruction which students consider important. Rate each item on the following scale, “5” is high and “1” is low. Circle your choice.

	Rating Level				
	5	4	3	2	1
1. Did you feel the instructor was knowledgeable?	5	4	3	2	1
2. Was the instructor prepared?	5	4	3	2	1
3. Was the instructor’s presentation interesting?	5	4	3	2	1
4. Did the instructor follow the course outline?	5	4	3	2	1
5. Was the instructor helpful in answering questions?	5	4	3	2	1
6. Did you have freedom to ask questions or express ideas?	5	4	3	2	1
7. Study material	5	4	3	2	1
8. Class room	5	4	3	2	1
9. Break time	5	4	3	2	1
10. Class participation	5	4	3	2	1
11. Considering everything, how would you rate the quality of this course?	5	4	3	2	1
12. Considering everything, how would you rate the quality of the instruction?	5	4	3	2	1

Yes or No Questions

- |   |     |    |
|---|-----|----|
| 13. Did the instructor meet with the class at the required time?            | Yes | No |
| 14. Did you receive the Licensing Information Bulletin?                     | Yes | No |
| 15. Did the instructor stress the importance of completing this evaluation? | Yes | No |

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mail completed form to:  
  
 Missouri Department of Insurance  
 301 West High Street  
 P.O. Box 690  
 Jefferson City, Missouri 65102

**20 CSR 700-3.200 Continuing Education**

*PURPOSE: This rule establishes procedures and forms with regard to the continuing education requirements contained in section 375.020, RSMo.*

(1) As used in this rule, unless the context clearly indicates otherwise, the following terms shall mean:

(A) Approved course—an educational presentation offered in a class, seminar, self-study or other forms of instruction involving insurance fundamentals, insurance related law, insurance policies, claims and coverages or other areas that have been approved by the director as expanding skills and knowledge in the lines of insurance for which the licensee is licensed, but shall not include subject matter relating to prospecting, motivation, sales techniques, psychology, recruiting and subjects not related to the insurance license;

(B) CEC—continuing education credit for licensed insurance agents and brokers;

(C) Classroom—an area designated for instructional purposes;

(D) Continuing Education Certificate of Course Completion—a form provided by the director and completed by the authorized provider representative of an approved course which signifies satisfactory completion of the course and reflects the hours of credit earned;

(E) Continuing Education Certification Summary—a form provided by the director and completed by the licensee which documents compliance with the continuing education requirements in section 375.020, RSMo;

(F) Continuing Education Provider Application for Course Approval—a form provided by the director and completed by the course provider which requests approval of a continuing education course from the director;

(G) Credit hour—constitutes fifty (50) minutes of uninterrupted instruction pertaining to an approved course;

(H) Director—the director of the Department of Insurance, or his/her designee;

(I) Licensee—a person who is licensed by the Missouri Department of Insurance (MDI) as an insurance agent or broker;

(J) Local agent group—any group of agents, brokers, or agencies that reside or are domiciled in the state of Missouri and who are members of a recognized agents' or brokers' association or insurance trade association;

(K) Other profession—a profession, other than that of insurance agent or broker, which is required to be licensed by the state of Missouri, for which the insurance agent or broker is currently licensed, and which requires the licensee to complete a specified number

of hours of continuing education requirements in order to maintain his/her license;

(L) Self-study course—any course completed by a licensee using books, audio and/or videotapes, computer programs, or any other medium of instruction, without the presence of an instructor or monitor.

(2) CEC hours may be earned through the following:

(A) Classroom instruction with a maximum credit of sixteen (16) CEC hours per course.

(B) A course leading to a professional designation when the licensee receives a passing grade. Maximum credit is sixteen (16) CEC hours per course. If the licensee does not receive a passing grade, s/he may receive credit pursuant to the requirements of subsection (2)(A); and

(C) Self-Study Courses. The licensee must pass a proctored exam to receive credit. The maximum allowable credit for self-study courses is sixteen (16) CEC hours per course.

(3) A provider of classroom instruction, a course leading to a professional designation or a self-study course must seek approval from the director by completing the Continuing Education Provider Application for Course Approval in Form A of this rule. Form A contains the requirements for obtaining course approval. Incomplete applications that are returned to the applicant for additional information must be resubmitted in their entirety prior to the course presentation date. Credit will not be given to licensees for attending courses prior to the course approval date.

(4) All course providers must furnish the Continuing Education Certificate of Course Completion, set forth in Form B of this rule, to any agent or broker who earns CEC hours after completing an approved course. Form B contains recordkeeping requirements for agents, brokers, and providers.

(5) Agents and brokers must submit the Continuing Education Certification Summary, set forth in Form C of this rule, to the director to show compliance with section 375.020, RSMo.

(6) Filing Fees.

(A) All insurance agents and insurance brokers must pay a ten-dollar (\$10) filing fee to cover the administrative cost related to the handling of the Continuing Education Certification Summary each time a summary is filed with the director. This filing fee must be paid by all insurance agents and insurance brokers

upon payment of their biennial license renewal fee.

(B) Filing fees must be paid by money order, cashier's check, company or agency check. Filing fees are not refundable.

(7) Reporting Period.

(A) All resident insurance agents and brokers must file the Continuing Education Certification Summary listing the completed courses approved by the Missouri Department of Insurance.

(B) All nonresident insurance agents and brokers must file a current and original certification letter showing compliance with continuing education requirements in their resident state. Nonresident agents or brokers who reside in a state that does not require continuing education must complete continuing education courses approved by the Missouri Department of Insurance, and must list completed courses on the Continuing Education Certification Summary.

(C) Resident and nonresident agents and brokers must show proof of compliance with the continuing education requirements at the time of their biennial license renewal.

(8) Any life insurance agent claiming an exemption from the continuing education requirements under section 375.020.9, RSMo must file a Continuing Education Exemption Certification form with the director at the time of his/her biennial license renewal. The Continuing Education Exemption Certification form is set forth in Form D of this rule.

*AUTHORITY: section 375.020, RSMo 1994.\* This rule was previously filed as 4 CSR 190-12.130. Original rule filed Aug. 8, 1989, effective Nov. 13, 1989. Amended: Filed Sept. 19, 1990, effective March 14, 1991. Amended: Filed Aug. 15, 1991, effective Jan. 13, 1992. Amended: Filed Nov. 24, 1992, effective June 7, 1993. Amended: Filed March 15, 1993, effective Sept. 9, 1993. Amended: Filed April 19, 1993, effective Nov. 8, 1993. Amended: Filed Dec. 1, 1997, effective June 30, 1998.*

*\*Original authority 1988, amended 1990, 1991, 1993.*



STATE OF MISSOURI  
DEPARTMENT OF INSURANCE  
LICENSING SECTION

P.O. BOX 698 OR  
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES  
JEFFERSON CITY, MO 64102  
TELEPHONE: (314) 781-3678

**CONTINUING EDUCATION PROVIDER APPLICATION FOR COURSE APPROVAL**

NOTE: COURSE MUST BE A NEW COURSE OR A NEW PROVIDER FOR THE COURSE.

COURSE PROVIDER		TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
CONTACT PERSON	TELEPHONE NUMBER	COURSE DATE
COURSE TITLE		

**COURSE OUTLINE: ATTACH OUTLINE; INCLUDE TIME ALLOTTED TO EACH SEGMENT.**

**METHOD OF INSTRUCTION**

LECTURE/SEMINAR
  COLLEGE/UNIVERSITY  
 SELF STUDY
  OTHER (BE SPECIFIC)

**NUMBER OF C.E.C. HOURS REQUESTED (INDICATE HOURS IN APPROPRIATE BOX)**

HEALTH	PROPERTY/CASUALTY	GENERAL AGENT
--------	-------------------	---------------

**LIST STATES THAT HAVE APPROVED THIS COURSE AND NUMBER OF C.E.C. HOURS ASSIGNED:**


**NAMES (IF KNOWN) AND QUALIFICATIONS OF INSTRUCTORS SUCH AS PRIOR EXPERIENCE, PROFESSIONAL DESIGNATIONS, EXPERTISE ON SPECIFIC TOPIC**

INSTRUCTOR NAME	QUALIFICATIONS

THE UNDERSIGNED CERTIFIES THAT THE COURSE IDENTIFIED IN THIS APPLICATION HAS BEEN INDEPENDENTLY DEVELOPED USING ORIGINAL MATERIAL AND/OR MATERIAL PREPARED BY OTHERS WHO HAVE GIVEN THEIR PERMISSION TO USE THE MATERIAL IN THIS COURSE.

SIGNATURE (OF AUTHORIZED REPRESENTATIVE)	DATE
--	------

**LIST APPROVAL OF COURSE (IF APPLICABLE)**

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	MISSOURI COURSE NUMBER	NUMBER OF C.E.C. HOURS
SIGNATURE (AUTHORITY OF INSURANCE)	LH	DATE
	PC	
	GC	

**CHAPTER 3 - EDUCATION REQUIREMENTS****20 CSR 700-3****PROVIDER APPLICATION**

**CONTENT:** COURSES MUST BE INDEPENDENTLY DEVELOPED USING ORIGINAL MATERIAL, OR MATERIAL DEVELOPED BY OTHERS FOR WHICH PERMISSION TO USE HAS BEEN OBTAINED. ONLY COURSES WHICH IMPART SUBSTANTIVE AND PROCEDURAL KNOWLEDGE RELATING TO THE INSURANCE FIELD WILL BE APPROVED FOR CREDIT. THE FOLLOWING SUBJECTS WILL NOT BE APPROVED FOR CREDIT:

1. PROSPECTING;
2. MOTIVATION;
3. SALES TECHNIQUES;
4. PSYCHOLOGY;
5. RECRUITING; AND,
6. SUBJECTS NOT RELATED TO THE INSURANCE LICENSE.

**REQUIRED DATA:** PROVIDERS MUST SUBMIT THEIR COURSES FOR APPROVAL TO THE MISSOURI DEPARTMENT OF INSURANCE AT LEAST 48 DAYS PRIOR TO THE DATE THE COURSE BEGINS.

**THE PROVIDERS SHALL SUBMIT THE FOLLOWING FOR APPROVAL:**

1. A COMPLETED AND SIGNED APPLICATION;
2. A COURSE FEE;
3. A COURSE OUTLINE THAT SHALL LIST AND SUMMARIZE EACH TOPIC COVERED. (A LIST OF TOPICS, WITH NO OTHER DETAILS, IS NOT AN ACCEPTABLE COURSE OUTLINE. THE OUTLINE SHALL CONTAIN TIME FRAMES FOR ALL INSURANCE RELATED MATERIAL. CREDIT WILL NOT BE GIVEN FOR NON-INSURANCE RELATED SUBJECTS. IF THERE IS SUBSTANTIAL CHANGE IN CONTENT OR ANY CHANGE IN INSTRUCTIONAL HOURS, THE COURSE SHALL BE REFILED. ONCE THE COURSE IS APPROVED, IT SHALL REMAIN IN FORCE UNTIL RESCINDED IN WRITING BY THE MISSOURI DEPARTMENT OF INSURANCE, CANCELED BY THE PROVIDER OR NONRENEWED. DO NOT SEND BOOKS, VIDEO OR CASSETTE TAPES AS A SUBSTITUTE FOR A COURSE OUTLINE.); AND,
4. DISTRIBUTOR RESUME AND DOCUMENTATION OF QUALIFICATIONS.

**NOTE:** NO CREDIT SHALL BE GIVEN FOR COURSES HELD PRIOR TO THE APPROVAL DATE. THIS WOULD APPLY EVEN IF YOU SUBMIT THE COURSE AND THE APPLICATION NEEDS TO BE RETURNED FOR ADDITIONAL INFORMATION. THE APPLICATION AND OTHER FORMS AND FEES MUST BE RESUBMITTED PRIOR TO THE COURSE START DATE.

**CREDIT HOURS:** 60 MINUTES OF UNINTERRUPTED INSTRUCTION PERTAINING TO AN APPROVED COURSE.

**FLING FEE:** \$30 PER COURSE UP TO A YEARLY MAXIMUM OF \$240 (PERSONAL CHECKS NOT ACCEPTED). FEES SHALL BE WAIVED FOR LOCAL AGENT GROUPS (ASSOCIATIONS) IF THE INSTRUCTOR RECEIVES NO COMPENSATION.

**ADVERTISING:** COURSES MAY NOT BE ADVERTISED AS APPROVED IN MISSOURI UNTIL WRITTEN NOTIFICATION HAS BEEN GIVEN BY THE DEPARTMENT. THE COURSE NUMBER MAY NOT BE ADVERTISED. THE NUMBER OF HOURS FOR WHICH A COURSE HAS BEEN APPROVED SHALL BE PROMINENTLY DISPLAYED ON ALL ADVERTISEMENTS.

**SELF STUDY:** COMPLETE ALL APPLICABLE INFORMATION. ATTACH A COPY OF THE STUDY MATERIAL AND TEST ALONG WITH AN EXPLANATION OF HOW THIS TEST WILL BE PROCTORED. PLEASE INCLUDE THE TIME ALLOTTED FOR COMPLETION OF THE COURSE.

**CERTIFICATION OF COURSE COMPLETION:** THE PROVIDER MUST COMPLETE THE CERTIFICATE OF COURSE COMPLETION. THE STUDENT MUST NOT COMPLETE ANY PART OF THE CERTIFICATE OF COURSE COMPLETION.

**PROVIDER RESPONSIBILITY:** THE PROVIDER MUST RETAIN A LIST FOR EACH COURSE CONTAINING THE FOLLOWING INFORMATION:

1. PROVIDER LOCATION;
2. COURSE TITLE;
3. MISSOURI COURSE NUMBER;
4. DATE COURSE COMPLETED;
5. NUMBER OF CEC HOURS EARNED; AND,
6. ROSTER FOR LICENSEES TO SIGN-IN/SIGN OUT.

THE PROVIDER SHOULD RETAIN THIS INFORMATION FOR FOUR (4) YEARS FOLLOWING COMPLETION OF THE COURSE.

**COURSE APPROVAL EXPIRATION:** COURSES SHALL BE APPROVED FOR A PERIOD OF NO MORE THAN ONE YEAR. APPLICANTS HOLDING COURSES INTENDED TO BE OFFERED FOR A LONGER PERIOD MUST RENEW ANNUALLY. THE DEPARTMENT WILL SEND OUT THE NOTICES ANNUALLY TO RENEW THE COURSES.

MID 878-1825 (2-87)





STATE OF MISSOURI  
DEPARTMENT OF INSURANCE  
LICENSING SECTION

P.O. BOX 890  
JEFFERSON CITY, MO 65102-0890

**OTHER PROFESSION CONTINUING EDUCATION SUMMARY**

This form should be used to record information regarding courses attended in satisfaction of continuing education requirements for other professions licensed by the state of Missouri, pursuant to section 375.030, RSMo (1986 Supp.). The provisions of section 375.030 apply to any licensee whose license expired on or after August 28, 1985, as well as to licensees who obtain a new license on or after August 28, 1985.

**INSTRUCTIONS**

1. This form should be completed and submitted along with your license renewal application if you are requesting continuing education credit for insurance-related courses taken in satisfaction of continuing education requirements in another profession licensed by the state of Missouri.
2. For each course listed, list the name of the provider, the date the course was attended, the number of hours of instruction that were insurance-related, name of professional organization for which the course was accredited, and proof of that organization's certification.
3. Attach a copy of the course outline or other information regarding course content showing that the course, or that portion of the course for which continuing education credit is claimed, is insurance-related. The Department of Insurance will determine, based on the information submitted, the number of hours of continuing education credit that will be approved for each course for which credit is claimed. Licensees may be required by the Department to provide additional information regarding course content.
4. If a course was taken in another state to satisfy continuing education requirements in Missouri, you must submit proof of reciprocity between Missouri and the state in which the course was taken, or equivalent proof of the acceptability of the course for continuing education credit in Missouri.
5. Any and all courses/programs of instruction for which continuing education credit is claimed pursuant to section 375.030, RSMo (1986 Supp.) must comply with the provisions of section 375.020, except to the extent that the statutory provisions are inconsistent with one another.

COURSE PROVIDER	COURSE TITLE	DATE ATTENDED	INSURANCE-RELATED HOURS

**CERTIFICATION**  
I CERTIFY THAT I HAVE TAKEN AND COMPLETED THE COURSES/PROGRAMS LISTED ABOVE, AND HAVE NOT MISREPRESENTED ANY FACT OR INFORMATION CONTAINED HEREIN. I WILL FURNISH TO THE DEPARTMENT OF INSURANCE, UPON REQUEST, ADDITIONAL INFORMATION REGARDING ANY OR ALL OF THE COURSES LISTED ABOVE IN ORDER TO VERIFY MY ATTENDANCE OR TO DETERMINE THE NUMBER OF HOURS OF INSURANCE-RELATED INSTRUCTION. I UNDERSTAND THAT I WILL BE SUBJECT TO A \$1,000 VOLUNTARY FORFEITURE AND/OR LICENSE REVOCATION FOR FAILURE TO PROVIDE TRUTHFUL INFORMATION ON THIS FORM, AND THAT INCOMPLETE OR INACCURATE INFORMATION MAY DELAY PROCESSING OF MY RENEWAL APPLICATION, WHICH MAY RESULT IN TERMINATION OF MY LICENSE.

SIGNATURE OF AGENT/BROKER	DATE
---------------------------	------

MO 575-0000 (8-87)



**STATE OF MISSOURI  
DEPARTMENT OF INSURANCE  
CONTINUING EDUCATION EXEMPTION CERTIFICATE — FORM D**

I hereby claim an exemption from the continuing education requirements under section 575.020, RSMo (1984). I sell only life insurance policies having an initial face amount of one thousand dollars or less, or annuities having an initial face amount of ten thousand dollars or less, that are designated by the purchaser for the payment of funeral or burial expenses. I do not sell any other kinds of insurance to the public in the state of Missouri. I will notify the director of the Department of Insurance within thirty (30) days if I sell any other kinds of insurance other than the life insurance or annuities described in this certification.

**PRINT FULL NAME**

**SOCIAL SECURITY NUMBER**

**BUSINESS OF AGENT**

**DATE**



STATE OF MISSOURI  
DEPARTMENT OF INSURANCE  
LICENSING SECTION

**CONTINUING EDUCATION CERTIFICATE OF COURSE COMPLETION**

POL. BOX 1888  
JEFFERSON CITY, MO 64102-0888

**NOTICE TO PROVIDER:**

Retain a list (for each course) containing at least the following information: 1) Provider, 2) Location, 3) Course Title, 4) MO Course Number, 5) Date Course Completed, 6) Number of C.E.C. hours earned, 7) Names of Agents/Brokers, 8) Residence Address and 9) Social Security Number.

The provider must complete the Certificate of Course Completion. The student must not complete any part of the Certificate of Course Completion.

Provider should retain this information for four (4) years following completion of course.

**NOTICE TO AGENT/BROKER:**

Keep this certificate for record verification. **DO NOT SEND THIS FORM TO THE DEPARTMENT OF INSURANCE.** After you have fulfilled ALL the required Continuing Education Credit (C.E.C.) hours, complete the Continuing Education Certification Summary.

NAME OF AGENT/BROKER		SOCIAL SECURITY NUMBER
RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE)		
COURSE PROVIDER		
COURSE TITLE		
MISSOURI COURSE NUMBER		DATE COURSE COMPLETED
NUMBER OF C.E.C. HOURS EARNED	LOCATION	
SIGNATURE OF AUTHORIZED PROVIDER REPRESENTATIVE		DATE
<p><b>THIS FORM IS FOR AGENT/BROKER RECORD KEEP THIS FORM IN YOUR FILE FOR FUTURE VERIFICATION</b></p>		

MO 275-1878 (9-88)